

New Filing

UNITED STATES DISTRICT COURT

for the
Southern District of Illinois

<u>MARC WACHTER</u>)	Case Number <u>21-1536-DWD</u> (Clerk's Office will provide)
<u>M12656</u>)	
)	
)	
Plaintiff(s)/Petitioner(s))	
v.)	
<u>ROB JEFFRIES Director</u>)	<input checked="" type="checkbox"/> CIVIL RIGHTS COMPLAINT
<u>OF IDOC AT EL</u>)	<input type="checkbox"/> CIVIL RIGHTS COMPLAINT
)	pursuant to 28 U.S.C. §1331 (Federal Prisoner)
)	<input type="checkbox"/> CIVIL COMPLAINT
)	pursuant to the Federal Tort Claims Act, 28 U.S.C.
Defendant(s)/Respondent(s))	§§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

MARC WACHTER M12656
CENTRALIA CORRECTIONAL CENTER
P.O. BOX 7711
CENTRALIA, IL 62801

Defendant #1:

- B. Defendant
- ROB JEFFRIES
- is employed as

(a) (Name of First Defendant)

ILLINOIS DEPT OF CORRECTIONS Director

(b) (Position/Title)

with ILLINOIS DEPT OF CORRECTIONS Springfield IL

(c) (Employer's Name and Address)

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain:

Rob Jeffries was/is Acting Director
of ILL DEPT OF CORRECTIONS. IDOC is
A STATE ENTITY Receiving Federal funds.

Defendant #2:

C. Defendant Debbie ~~Harold~~ Knowlton is employed as

(Name of Second Defendant)

ADMINISTRATIVE REVIEW BOARD
(Position/Title)

with ILL DEPT OF CORRECTIONS UNDER
(Employer's Name and Address)

Rob Jeffries in Springfield IL

At the time the claim(s) alleged in this complaint arose, was Defendant #2 employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain:

Debbie Knowlton Denies OR ADVANCES
APPEALS of inmate grievances, for
Rob Jeffries, IDOC, & The Review
Board.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

D) Defendant # 3

Defendant MEDICAL Director for FDOC
John Doe / Jane Doe #1

NAME of 3RD Defendant

MEDICAL Director for ALL FDOC facilities
Position & title

With ILLINOIS DEPARTMENT of CORRECTIONS
Employers name & ADDRESS

Presumably Springfield ILL

At the time of the claim's alleged in this
complaint arose, was Defendant #3 employed
By the STATE, LOCAL, OR FEDERAL Government ~~yes~~ OR
if yes briefly explain

John/Jane Doe #1 is/was the medical
Director for all FDOC facilities
and is responsible for managing
medical care for them.

E) Defendant #4

LANA HEATH CARE ADMINISTRATOR
is employed as

HEALTH CARE ADMINISTRATOR FOR CCC
~~CCC~~ CCC (CENTRALIA CORRECTIONAL CENTER)

with THE ILLINOIS DEPT OF CONNECTIONS
FACILITY CCC

P.O. BOX 7711
CENTRALIA, IL 62801

ADDRESS

AT THE TIME THE CLAIM(S) ALLEGED THIS COMPLAINT
AROSE, WAS DEFENDANT #4 EMPLOYED BY THE STATE,
LOCAL, FEDERAL GOVERNMENT ☒ YES ☐ NO

IF YES, PLEASE EXPLAIN BRIEFLY.

LANA WAS THE HCVA AND REPLIED
TO EMERGENCY GRIEVANCE # E-21-6-9 FOR
THE IDOC LOCAL INSTITUTION CCC,

F) Defendant #5

Defendant DR V. SHAW WAS employed
By Wexford Medical Services AS A
DR TO provide medical care AT CCC

Defendant DR V. SHAW WAS one of
CCC institution DR's.

Employers / title

Employers Name & Address.

Wexford Medical Service ADDRESS UNKNOWN

Defendant DR V. SHAW worked at
IDOC CCC P.O. Box 7711
CENTRALIA, IL 62801

AT The time the claims arose in this complaint
was the Defendant #5 employed By STATE, local
OR Federal Government ☒ yes ☐ NO

if yes briefly explain.

DR V. SHAW WAS employed By
Wexford Medical Services, They are
contracted By The STATE OF IL
and IDOC to provide medical
services at CCC and other institutions

II. PREVIOUS LAWSUITS

A. Have you begun any other lawsuits in state or federal court while you were in prison or jail (during either your current or a previous time in prison or jail), e.g., civil actions brought under 42 U.S.C. § 1983 (state prisoner), 28 U.S.C. § 1331 (federal prisoner), 28 U.S.C. §§ 1346, 2671-2680, or other law? ☒ Yes ☐ No

B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. List ALL lawsuits in any jurisdiction and indicate the court where they were filed to the best of your ability, including those that resulted in the assessment of a "strike" under 28 U.S.C. § 1915(g) and/or those that were dismissed for being frivolous, malicious, or for failure to state a claim (see 28 U.S.C. § 1915A; 28 U.S.C. § 1915(e)(2); Federal Rule of Civil Procedure 12(b)(6)). FAILURE TO FULLY DISCLOSE YOUR LITIGATION HISTORY, INCLUDING "STRIKES," MAY RESULT IN SANCTIONS THAT INCLUDE DISMISSAL OF THIS ACTION.

1. Parties to previous lawsuits:

Plaintiff(s): *ROSS ET AL*

Defendant(s):

Gosset et al

2. Court (if federal court, name of the district; if state court, name of the county): *NOT SURE WHAT DISTRICT*

3. Docket number: *15-CV-0309 (S.D. ILL)*

4. Name of Judge to whom case was assigned:

NOT SURE

5. Type of case (for example: Was it a habeas corpus or civil rights action?): *CLASS ACTION CIVIL CASE*

(ORANGE CASH SHAKE DOWNS)

6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):

MARCH 26 2020 THE COURT GRANTED CLASS ACTION STATUS. DOCKET ENTRY 519

11 Previous Law suits continued

Have you brought any other LAW SUITS while you were in prison or jail.

☒ YES ☐ NO

If yes Describe each LAW SUIT in the space below

1 Parties to previous LAW SUITS
PLAINTIFF MARC WACHTER M12656

2 Defendants PROB DEANES FDOC
Director AT BL

3 COURT (4th U.S. DISTRICT COURT, Southern
Division, EAST ST LOUIS.

4 Docet # 3:21-CV-00855-Smy

5 Name of Judge (STACI M YAROLE)

6 TYPE OF CASE 1983 CIVIL RIGHTS CASE.

7 Disposition of case Granted Leave to
Amend. Last Amendment
still pending.

8 Filing Date of Lawsuit 7/26/21

9 Date of Disposition still open

10 Initial filing was Dismissed for failure to
state claim for relief, however, granted
leave to amend. still amending.
NO STRIKE issued as far as I know.

7. Approximate date of filing lawsuit: 2014 APPROX
8. Approximate date of disposition: STILL OPEN,
9. Was the case dismissed as being frivolous, malicious, or for failure to state a claim upon which relief may be granted and/or did the court tell you that you received a "strike?" NO, Being handled By Love & Lovey.

III. GRIEVANCE PROCEDURE

- A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No
- C. If your answer is YES,
1. What steps did you take?
1ST STAGE/FILED Emergency grievance # E-21-6-9
2ND STAGE/APPEALED TO ADMINISTRATIVE REVIEW BOARD.
2. What was the result?
1ST STAGE Response was partially upheld
undetermined how.
2ND STAGE AND DENIED.
- D. If your answer is NO, explain why not.
- E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No
- F. If your answer is YES,
1. What steps did you take?

Assigned Grievance #/Institution: CENTRALIA CORRECTIONAL CENTERHousing Unit: 1Bed #: 219

1st Lvl rec

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender's Grievance

2nd Lvl rec.

Date: <u>5-29-21</u>	Offender (please print): <u>MITCHELL WALTER</u>	ID #: <u>112656</u>	Race (optional): <u>white</u>
Present Facility: <u>CENTRALIA CORRECTIONAL CENTER</u>		Facility where grievance issue occurred: <u>CENTRALIA CORRECTIONAL CENTER</u>	

Nature of grievance:

- ☐ Personal Property ☐ Mail Handling ☒ Medical Treatment ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☐ HIPAA ☐ Restoration of Sentence Credit
☐ Transfer Denial by Facility ☐ Other (specify): _____
☐ Disciplinary Report

Date of report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if EMERGENCY grievance

Mail to Administrative Review Board, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 5-29-21 @ 4:30 PM I was sent to HCL by chain ball
 I was in a room of people fighting. On 5-28-21 I saw
 Dr. Shaw again. This time it was about my hands and
 in I thought I was bleeding in my stool and everything
 up blood. I stopped taking all my meds except Prozac
 On 5-23-21 I was prescribed medicine by Dr. Shaw
 approx 1 month or two ago to replace medicine

☒ Continued on reverse

Relief Requested:

I need a response immediately (my lawyer has the other
 emergency grievances sent done and is waiting for this
 one. Question: Why is he allowed to continue to work;
 ten hours a week as he is? I don't want to
 see him ever again, he should be removed, I would like to see
 if possible to see him

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

☐ Check if this is NOT an emergency grievance.

Mary Ruth
 Offender's Signature

112656
 ID#

5-29-21
 Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ ☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

REC'D
 JUN 03 2021

CENTRALIA CORRECTIONAL CENTER
 GRIEVANCE OFFICE

Assigned Grievance #/Institution: _____

Housing Unit: F2Bed #: B14

1st Lvl rec: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

I specifically asked him if there were any side effects to receive that insulin but that I thought have been that side effects to most medications. This can be confirmed by Dr. Bill (physician) who has a special way of understanding things to no other physician. Dr. SHAH said there are no significant side effects to receive (I started taking it.) I have since stopped. My current severe side effects are listed below. As it was advised I seek medical treatment immediately.

Shaking, Tremble, Bruising, Tightness in chest, sweating at throat, hoarseness, chest pain, fast irregular heart beat, Persistent voice tremor, mood changes, Ringing in my ears, Bad persistent head aches, Dizziness, Stomach ache, Shortness of breath, and sudden & unpredictable weight gain.

I am also passing dark stool and coughing up blood at night.

On 5-28-21 I had gone to show almost the hexamids. I received info from the outside source about the side effects that hexamids. I asked him several times if the blood could be from my stomach or to receive (He kept repeating I was not allowed to talk about that I could only discuss the hexamids). I was going to speak in a question about the weight gain he said he said that there are no significant side effects to receive and it could go bye bye soon. He also indicated that weight gain was not a side effect of receive (if chemistry is).

I am terrified that I have been off this insulin for 5 days and the side effects are still here and some are getting worse. I believe there may be permanent or have caused permanent damage.

This Grievance is to go to HANDED HANDBS AS DIRECTED BY

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO OFFENDER'S GRIEVANCE

E2B14

Grievance Officer's Report

Date Received: 06/03/2021

Date of Review: 06/16/2021

Grievance # (optional): E-21-6-9

Offender: Wachter, Marc

ID#: M12656

Nature of Grievance:

Medical Treatment

Facts Reviewed:

Inmate Wachter M12656 filed a grievance dated 5-29-21 regarding Medical Treatment and marked it as an emergency. The grievance was received on 6-3-21 by the Grievance Officer and forwarded to the Warden. The grievance was returned to the Grievance Officer deemed as an emergency. The grievance was forwarded to Health Care to address his concerns. Offender claims he was sent to HCU on 5-27-21 from the chow hall for trouble breathing. He claims on 5-28-21 he was seen again, this time for hemorrhoids. He claims he saw Dr. Shah about 1 month prior and was prescribed Mobic to replace his Motrin. He claims he is passing blood in his stool and coughing blood and these are side effects of the medication he was prescribed. He claims Dr. Shah refused to discuss his concern with the blood in his stool and cough, because he was there for a hemorrhoid concern.

Relief requested is: "I Need A Response immediately (my lawyer has the other emergency grievances about ____ And is waiting for this one. Question 1 (why is he allowed to continually violate the terms & conditions of his license, I don't want to see him ever Again, he should be Removed, I would like this fixed if possible."

Per written response from the DON: Was seen by Dr. Shah, labs drawn, results in chart, on Dr. line for follow up.

Inmate Wachter M12656 has been seen by Dr. Shah, labs were drawn and the results are in his chart. He is on the Dr. line for follow up. con't

Recommendation:

Based upon a total review of all available information, this Grievance Officer recommends that the grievance be partially upheld. Inmate Wachter M12656 has been seen by Dr. Shah, labs were drawn and the results are in his chart. He is on the Dr. line for follow up. If he continues to have concerns, he should submit a written request to be seen through Nurse Sick Call procedure. Staffing of the Health Care Center is determined by Administrative Decision and warrants no further review.

Jeffrey Strubhart CCII

Jeffrey Strubhart

Digitally signed by Jeffrey Strubhart
Date: 2021.06.16 14:18:13 -05'00'

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

RECEIVED

Chief Administrative Officer's Response

Date Received: JUN 17 2021

☒ I concur☐ I do not concur☐ RemandAction Taken: CENTRALIA CORRECTIONAL CENTER
WARDEN'S OFFICE

(1)

(14)

J.B. Pritzker
Governor



Rob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender: Wachter, Marc

ID#: M12656

Facility: Centralia

5/18/21
Date

This is in response to your grievance received on 5/11/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 3/20/21 Grievance Number: E-21-3-125 Griev Loc: Centralia

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☐ Other Medical - MRI results for back, medical permit, assignment
copy of file, cell assignment, mental health treatment

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- ☐ Denied, in accordance with DR504F; this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Other: The actual treatment ordered is not within the jurisdiction of this office and must be ordered by the attending physician
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

FOR THE BOARD: Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED: Rob Jeffreys
Rob Jeffreys
Acting Director

CC: Warden, Centralia Correctional Center
Wachter ID# M12656

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/ldoc

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J.B. Pritzker
GovernorRob Jeffreys
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Name: Wachter, MarcID#: M12656Facility: Centralia7/13/21
Date

This is in response to your grievance received on 7/6/21. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/29/21 Grievance Number: E-21-6-9 Griev Loc: Centralia

- ☐ Transfer denied by the Facility
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____
- ☐ Commissary / Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies, etc.) _____
- ☐ Disciplinary Report: Dated: _____ Incident # _____
- ☒ Other Medical - side effects of Mobic 5/29/21

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Other: _____
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial from/for an assignment.
- ☐ Denied as this office finds no violation of the grievant's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offense cited in the report was committed.

FOR THE BOARD:

Debbie Knauer
Debbie Knauer
Administrative Review Board

CONCURRED:

Rob Jeffreys
Rob Jeffreys
Acting Director

CC: Warden, Centralia Correctional Center
Wachter, ID# M12656

Mission: To serve justice in Illinois and increase public safety by promoting positive change in individuals in custody behavior, operating successful reentry programs, and reducing victimization.

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2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

CLAIM 1 AT CEC MCC ON 5-29-21 DR V. SHAW violated my U.S. CONSTITUTION 8th amendment RIGHT to be free of CRUEL & UNUSUAL Punishment. I explained I was bleeding greatly in my stool & coughing up Blood. He ordered a BLOOD DRAW to check for ANEMIA which took PLACE 6 DAYS LATER, I heard RESULTS ON 7/27/2021. NO RECTAL exam WAS Done for presents of BLOOD. LACK OF BASIC MEDICAL necessities FOR LIFE

CLAIM 2 AT CCC ON 6/16/2021 LANA HCLA responded to my grievance # E-21-6-9 BY STATING LABS were DRAWN AND RESULTS in chart, ON DR LUNA FOR follow up. EXCESSIVE bleeding in stool & coughing up Blood is CRABLY checked By Rectal exam sprayed with rectant, Blood Drawn immediately, & Throat examination. THIS IS KNOWN BY MED STAFF. THIS CONSTITUTES A VIOLATION to the U.S. CONSTITUTION 8th Amendment guarantee AGAINST CRUEL & UNUSUAL Punishment.

CLAIM #3 APRIL 7-15 2021 DR V. SHAW

Prescribed 7.5 mg of mobic to replace
The motrin Prescribed By DR Religrain.
AT CCC HCU. Due to Excesses Heart Power.
Plaintiff explained He has Autism
Spectrum Disorder (Affecting his ability
to Interpret emotion, lies, facial expressions etc.)
~~DR~~ Plaintiff specifically asked 3 times
About side effects of mobic. DR
SHAW SAID There are no significant
side effects and I should go now.
Over next few weeks Plaintiff suffered
from dozens of very serious side effects
from mobic. This constitutes the tort
OF ASSAULT & BATTERY This constitutes
A U.S. Constitutional violation of the 8th
amendment to be free cruel & unusual punishment
By withholding vital medical care, Life necessity
~~this constitutes~~

~~CLAIM #4~~ ~~LAWYER ON 6/10/2021 AT CCC~~ violated
CLAIM #4 DR V. SHAW ON 5/29/2021 violated my
Constitutional civil right covered by the 14th
amendment of equal protection of the
laws when DR V. SHAW exploited/discriminated
AGAINST A Disabled person protected by
ADA laws when he knowing lied about the
side effects to mobic. He placed my life
in danger by using the Public trust.

Claim #5 LANA HCVA ON 6/16/2021 AT CCC
 VIOLATED Plaintiffs Right to Due
 Process Covered By the 5th & 14th
 Amendment of the U.S. Constitution
 when she knowing responded that
 proper care was being given, she
 knew the appropriate tests & exams
 were not performed.

Claim #6 LANA HCVA ON 6/16/2021 AT CCC
 violated my 8th Amendment U.S. Constitutional
 Right to be free cruel & unusual
 Punishment By saying all test were done properly
~~that violated my~~ I still have side effects
 AS OF 11-29-2021

Claim #7 LANA HCVA ON 6/16/2021 AT CCC
 Violated my 14th Amendment right covered
 By the U.S. Constitution to ~~be~~ EQUAL
 Protection under the law when she
 willfully allowed the exploitation/discrimination
 of an ADA qualified inmate.

Claim #8 Director Jeter, Debbie Knorr & Medical
 Director violated Plaintiffs 8th Amendment
 Right to be free from cruel & unusual
 Punishment, The Right to Basic Life
 Necessities, AND Failure to Protect, By
 NOT investigating the grievance, allowing
 Plaintiff to suffer physical, emotional
 & Psychological Damage & Denial of any
 Relief.

CLAIM #9 DR V. STAN ON 4-15-2021 APPROX
AT CCC VIOLATED MY 5th & 14th
U.S. CONSTITUTIONAL RIGHT OF CHOICE
COVERED BY THE DUE PROCESS CLAUSES
OF EACH AMENDMENT WHEN HE
LIED / WITHHELD VITAL INFORMATION
CONCERNING TREATMENT SIDE EFFECTS
EFFECTIVELY DENYING MY RIGHT
~~OF~~ ~~IT~~ TO GIVE INFORMED CONSENT
AND ADMINISTERING DRUGS / PROCEDURES
Etc.

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

PLAINTIFF REQUEST = INJUNCTIVE RELIEF BY MANDATING
HCU PASS OUT ALL side effects to ANY DRUG PROCEEDING,
MANDATE NECESSARY TESTS FOR BLEED IN STOOL &
THROAT,

DECLARATION STATEMENT including all Plaintiff's medical & ADA
RIGHTS

COMPENSATORY DAMAGES \$ 800,000 / Nominal \$ 1 / PUNITIVE DAMAGES
in the amount
\$ 800,000

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.


and any other
Damages Deemed
Necessary

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed
on:

NOV 29th 2021
(date)



Signature of Plaintiff

P.O. BOX 7711

Street Address

MARC WAELTER

Printed Name

CENTRALIA FL 62801

City, State, Zip

M12656

Prisoner Register Number

Signature of Attorney (if any)

Assigned Grievance #/Institution: _____

Housing Unit: F-2

Bed #: E-14

1st Lvl rec: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

I specifically asked him if there were any side effects to nubic and he told him that I there are. I have really had side effects to most medications. This can be confirmed by Dr. Bill (Physician) and has a special way of introducing drugs to me when necessary. Dr. Shaw said there are no significant side effects to nubic. (I started taking it.) I have severe stomach. My current severe side effects are listed below and it was advised I seek medical treatment immediately.

itching, Trouble Breathing, Tightness in chest, swelling at throat, hoarseness, chest pain, fast irregular heart beat, Persistent severe tremors, mood changes, Ringing in my ears, Bad resistant head aches, Persistent stomach ache, Shortness of breath, and sudden & unpredictable weight gain.

I am also passing dark stool and coughing up blood at night.

On 5-28-21 I had gone to show about the hemroids. I returned into from an outside course about the side effects that morning. I asked him several times if the Doc could be from my stomach to nubic. (He kept repeating I was not allowed to talk about that I could only discuss the hemroids.) I was asked to speak in a disciplinary about the weight gain he said he said that there are no significant side effects to nubic and it could go bye bye now. He also indicated that weight gain was not a side effect of nubic (if clearly is).

I am frustrated that I have been off this nubic for 5 days and the side effects are still here and some are getting worse. I believe there may be permanent damage.

This Grievance is to go to Medical HARDS AS Directed By

MARC

CENTRALIA CONNECTIONAL CENTER
P.O. BOX 7711
CENTRALIA, IL 62801

Privileged
Legal
Mail

This Correspondence
Is From An Inmate
of The IL Dept
of Corrections



U.S. POSTAGE >> PITNEY BOWES
ZIP 62801 \$ 001.96⁰
02 4W
0000378940 NOV 30 2021

PRIVILEGED

CLERK OF THE COURT
7TH U.S. DISTRICT COURT
750 MISSOURI AVE
EAST ST LOUIS, IL 62201

MAIL CLEARED
US MARSHALS

RECEIVED

DEC - 2 2021

**CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE**